

**PRIVACY ACT RELEASE FORM**  
**Passport Casework**

**Only for Travel Outside the Western Hemisphere**

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. Please complete and sign this form, which will allow information regarding your concern to be released to the office of Senator Barbara A. Mikulski. If there are multiple travelers, please fill out a separate form for each individual. **Please note that due to the extremely high volume of applications, it is difficult for the State Department to check the status of applications that are more than one week away from the date of travel.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_

Please check the type of Passport applied for:

\_\_\_\_\_ Renewal                      \_\_\_\_\_ First-ever Passport  
\_\_\_\_\_ Expedited Service        \_\_\_\_\_ Minor Child

What is your 'passport locator number'? \_\_\_\_\_

What is your planned travel date? \_\_\_\_\_

Have you contacted any other Congressional Office about this problem? \_\_\_\_\_

If so – Whom? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent must sign if applicant is a minor)

**Mail or Fax to: Senator Barbara A. Mikulski**  
**1629 Thames St, Suite 400**  
**Baltimore, MD 21231**  
**Fax: 410-962-4760**